



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE
SECTION FOR LONG-TERM CARE REGULATION
**APPLICATION FOR LICENSE TO OPERATE
A LONG-TERM CARE FACILITY**

DO NOT WRITE IN THIS SPACE

FACILITY NUMBER

APPLICATION NUMBER

☐ RELICENSURE

☐ NEW FACILITY

☐ CHANGE OF OPERATOR

DATE FEE REC'D

CHECK NO

AMOUNT

FACILITY INFORMATION

Instructions:

1. The name of the facility must be indicated exactly as you want it to appear on the license. Indicate the mailing address of facility, if different from street address.

2. Indicate the license(s) and number of beds you are applying for by writing the number of beds in the appropriate space.

*Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules and regulations that were in place on August 27, 2006 for a residential care facility II.

**Licensed as an assisted living facility (ALF) and chooses to accept or retain individuals with a physical, cognitive or other condition that prevents them from safely evacuating the facility with minimal assistance.

3. Emergency contact information for the facility, operator's main business office, the administrator, and the director of nursing. The information should include telephone numbers, fax numbers, and e-mail addresses. Attach separate sheet, if necessary.

1. Name of Facility

Street Address

City

State

Zip Code

Mailing Address

City

State

Zip Code

County in which the facility is located

2. Skilled Nursing Facility (Number of Beds)

Intermediate Care Facility (Number of Beds)

Assisted Living Facility (Number of Beds)

Residential Care Facility (Number of Beds)

Assisted Living Facility** (Number of Beds)

Residential Care Facility * (Number of Beds)

3. Emergency Contact Information

Facility's Telephone Number

Fax Number

Facility's E-mail

Operator's office Telephone Number

Fax Number

Operator's E-mail

Administrator's Telephone Number

Fax Number

Administrator's E-mail

Director of Nursing's Telephone Number

Fax Number

Director of Nursing's E-mail

OPERATOR INFORMATION

Instructions:

4. Indicate what type of legal entity the operator is by checking the appropriate box.

5. The name of the operator must be the exact legal name. If the operator is an entity other than a sole proprietor, the operator name must match the Missouri Secretary of State filing. The operator name should not be the name of any individual stockholder, partner, or member.

Indicate the operator's mailing address, if different from the street address.

6. Principal means officer, director, owner, partner, key employee, or other person with primary management or supervisory responsibilities.

7. If the operator is an entity other than a sole proprietorship, then a list of its officers, directors, stockholders (owning 5% or more), LLC members, LLC managers, general partners or limited partners (owning 5% or more) must be filed, indicating the name, address, title, and percentage of ownership of each.

All forms can be found at the following web address:

www.dhss.mo.gov/NursingHomes/AppsForms.html

4. Type of Operator (check one)

- ☐ Sole Proprietorship ☐ Limited Liability Company ☐ Limited Liability Partnership
- ☐ General Business Corporation ☐ Nonprofit Corporation ☐ Nursing Home District
- ☐ General Partnership ☐ Limited Partnership
- ☐ Other (Specify) _____

5. Name of Operator

Street Address

City

State

Zip Code

Mailing Address

City

State

Zip Code

6. Attach a list of all principals in the operation of the facility, including name, address, social security number, and title or position. It is also necessary for the list to indicate the operator's employer identification number (or social security number, if the operator is a sole proprietor).

7. Is the operator an entity other than a sole proprietorship?

☐ Yes ☐ No

If yes, attach a list of the affiliates including the name, address, title, and percentage of ownership.

☐ Attached ☐ Previously submitted; no amendment or change.

If an affiliate is itself an entity other than an individual person, a list of its affiliates is also required. (attach a separate list for each entity.)

<p>Instructions:</p> <p>8. If the operator currently operates or owns any other long-term care facility in Missouri or in any other state, then attach a list of such facility or facilities, including their names, addresses, and type of licenses.</p>	<p>8. Does the operator currently operate or own any other long-term facility in Missouri or any other state?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p style="text-align: center;">If yes, then it is necessary to attach a list of the other long-term care facilities</p> <p style="text-align: center;"> <input type="checkbox"/> Attached <input type="checkbox"/> Previously submitted; no amendment or change. </p>																														
	<p>9a. Has the operator or any principal in the operation of the facility ever been convicted of a felony or misdemeanor offense relating to the operation of a long-term care facility or other health care facility or, while acting in a management capacity, ever failed to perform any duty which materially and adversely affected the health, safety, welfare or property of a resident? If yes, attach an explanation.</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>																														
	<p>9b. Is the operator or any principal in the operation of the facility under exclusion from participation in the Title XVIII (Medicare) or Title XIX (Medicaid) program of any state or territory? If yes, attach an explanation.</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>																														
REAL ESTATE INFORMATION																															
<p>10. The name of the owner of the land must be the owner's exact legal name. If the owner is any entity other than a sole proprietor, the owner name should not be the name of any individual stockholder, partner, or member.</p> <p>If a change of operator or change of ownership (of the land and building), attach a copy of the recorded warranty deed or other legal document showing ownership.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="height: 40px; vertical-align: top;">10. Name of owner of the land</td> </tr> <tr> <td colspan="3" style="height: 40px; vertical-align: top;">Street Address</td> </tr> <tr> <td style="width: 40%; height: 40px; vertical-align: top;">City</td> <td style="width: 20%; height: 40px; vertical-align: top;">State</td> <td style="width: 40%; height: 40px; vertical-align: top;">Zip Code</td> </tr> <tr> <td colspan="3" style="height: 40px; vertical-align: top;">Mailing Address</td> </tr> <tr> <td style="height: 40px; vertical-align: top;">City</td> <td style="height: 40px; vertical-align: top;">State</td> <td style="height: 40px; vertical-align: top;">Zip Code</td> </tr> <tr> <td colspan="3" style="height: 40px; vertical-align: top;">11. Name of owner of the structure(s) (if different from the owner of the land shown above)</td> </tr> <tr> <td colspan="3" style="height: 40px; vertical-align: top;">Street Address</td> </tr> <tr> <td style="height: 40px; vertical-align: top;">City</td> <td style="height: 40px; vertical-align: top;">State</td> <td style="height: 40px; vertical-align: top;">Zip Code</td> </tr> <tr> <td colspan="3" style="height: 40px; vertical-align: top;">Mailing Address</td> </tr> <tr> <td style="height: 40px; vertical-align: top;">City</td> <td style="height: 40px; vertical-align: top;">State</td> <td style="height: 40px; vertical-align: top;">Zip Code</td> </tr> </table>	10. Name of owner of the land			Street Address			City	State	Zip Code	Mailing Address			City	State	Zip Code	11. Name of owner of the structure(s) (if different from the owner of the land shown above)			Street Address			City	State	Zip Code	Mailing Address			City	State	Zip Code
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<p>Instructions:</p> <p>12. Affiliate means: (a) With respect to a partnership, each partner; (b) with respect to a limited partnership, the general partner and each limited partner with an interest of 5% or more in the limited partnership; (c) with respect to a corporation, each person who owns, holds, or has the power to vote 5% or more of any class of securities issued by the corporation, and each officer and director; (d) with respect to a limited liability company, the LLC managers and LLC members with an interest of 5% or more.</p> <p>14. A copy of the recorded deed of trust (mortgage), UCC financing statement(s) or other legal documents showing the security pledged must be submitted.</p> <p>15. A copy of the executed real estate lease, sublease, contract for deed, rental agreement, or other legal document showing a present legal right to possession of the premises must be attached to this application if it was not previously submitted by the applicant.</p>	<p>12. Is the owner of the land or structure(s) an entity other than a sole proprietorship?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attach a list of the affiliates including the name, address, title, and percentage of Ownership.</p> <p><input type="checkbox"/> Attached <input type="checkbox"/> Previously submitted; no amendment or change</p> <p>If an affiliate is itself an entity other than an individual person, a list of its affiliates is also required. (Attach a separate list for each entity.)</p> <p>13. Does the owner currently own or operate any other long-term care facility in Missouri or any other state?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attach a list of the facilities including their name, address, and type of license.</p> <p><input type="checkbox"/> Attached <input type="checkbox"/> Previously submitted; no amendment or change.</p> <p>14. Is the land, building, improvements, furnishings, fixtures or accounts receivable pledged in whole or in part as security on any contract?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, then a copy of the security contract (i.e., deed of trust, UCC financing statement) is:</p> <p><input type="checkbox"/> Attached <input type="checkbox"/> Previously submitted; no amendment or change.</p> <p>15. Is there any executed lease, sublease, contract for deed or rental agreement?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, then a copy of any executed lease, sublease, contract for deed or rental agreement is:</p> <p><input type="checkbox"/> Attached <input type="checkbox"/> Previously submitted; no amendment or change.</p>
<p>MANAGEMENT COMPANY INFORMATION</p>	
<p>16. This refers to an entity other than the operator or administrator. If the operator has a contract or agreement with a separate entity to manage the facility, then it is necessary to submit a copy of the contract or agreement.</p>	<p>16. Is there an executed contract or agreement between the operator and any manager or management company?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, then a copy of the agreement or contract is:</p> <p><input type="checkbox"/> Attached <input type="checkbox"/> Previously submitted; no amendment or change</p>

<p>Instructions:</p> <p>17. If the operator has a contract or agreement with a separate entity to manage the facility, then it is necessary to indicate the name and address of the management company.</p> <p>18. If the management company currently operates, owns, or manages any other long-term care facility in Missouri or in any other state, submit a list of such facility or facilities, including their addresses and type of license.</p>	17. Name of management company (if applicable)		
	Street Address		
	City	State	Zip Code
	Mailing Address		
	City	State	Zip Code
	<p>18. Does the management company currently operate, own, or manage any other long-term care facilities in Missouri or any other state?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, then a list of the facilities is:</p> <p><input type="checkbox"/> Attached <input type="checkbox"/> Previously submitted; no amendment or change</p>		
ADMINISTRATOR INFORMATION			
<p>19. Every facility must have an individual designated to be in general administrative charge.</p> <p>20. If the person in general administrative charge of the facility is serving in the same position with other facilities, indicate the name and city and number of beds of each facility. Attach a separate list to include all facilities, if necessary.</p>	19a. Name of person in general administrative charge of the facility		
	19b. Missouri Nursing Home Administrator License Number (if applicable)		
	<p>20. Does the person in general administrative charge of the facility currently service other facilities as administrator.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, name, city, and number of beds of all other facilities.</p>		
	Name	City	Number of Beds
	Name	City	Number of Beds
	<p>21. Is the person in general administrative charge of the facility currently employed in another position?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, submit a list of the other position held.</p> <p><input type="checkbox"/> Attached <input type="checkbox"/> Previously submitted; no amendment or change</p>		

FINANCIAL INFORMATION

Instructions:

22. All applicants must submit financial information demonstrating that the applicant has the financial capacity to operate a long-term care facility.

An application for a new facility, or for a change of operator of a currently licensed facility, must include a statement of financial position showing actual information, an income statement showing forecasted revenues and expenses, and a detailed statement explaining the means by which expenses will be paid.

23. An application for relicensure of a currently licensed facility may meet the financial requirement by submitting information indicated in any one of the options listed. All supporting schedules must also be submitted.

If the financial information submitted (or information obtained during the term of the license) indicates an unstable or unsatisfactory financial condition, the department shall have the right to request additional financial information. The operator shall submit such information within ten (10) working days of receipt of the written request.

NOTE: Financial information may be submitted in the proper accounting format without the use of the forms provided by the department.

NEW FACILITY OR CHANGE OF OPERATOR

22. Attach all **THREE** of the following:

- ☐ A completed copy of the enclosed Statement of Financial Position (or Statement of Financial Condition, if sole proprietor); **AND**
- ☐ A completed copy of the enclosed income statement showing forecasted revenues and expenses for the operator's first twelve (12) months of operation of the facility; **AND**
- ☐ A detailed statement explaining the means by which expenses will be met during the period the license you are applying for will be in effect.

RELICENSURE

23. Attach **ONE** of the following pieces of information

- ☐ The enclosed relicensure financial information form completed showing actual figures for the operator's prior fiscal year; **OR**
- ☐ Title XIX Cost Report for the Operator's Prior Fiscal Year; (By marking this option, I authorize the Division of Medical Services to release to the Division of Senior Services and Regulation all financial information contained in said cost report, including all tax forms submitted as part of that cost report.) **OR**
- ☐ Submit a notarized statement obtained within thirty (30) days of date of application from a bank or saving and loan institution indicating that the operator is in sound financial condition to operate a long-term care facility; **OR**
- ☐ Submit a copy of the Federal Income Tax Return for the prior fiscal year of the operator, including any amendments or changes to the form which are provided to the Internal Revenue Service, as follows:
 - ☐ **SOLE PROPRIETORSHIP:** Attach a completed copy of the enclosed statement of financial condition **AND** a copy of the operator's IRS Form 1040 Schedule C relating to the operation of the facility.
 - ☐ **GENERAL OR LIMITED PARTNERSHIP:** Attach a copy of pages one and four* of the operator's IRS Form 1065, and any supporting schedules to those pages
 - ☐ **GENERAL BUSINESS CORPORATION:** Attach a copy of pages one and four* of IRS Form 1120 or 1120S, and any supporting schedules to those pages; or attach a copy of pages one and two* of IRS Form 1120-A, and any supporting schedules to those pages; or
 - ☐ **NONPROFIT CORPORATION:** Attach a copy of pages one, two, and four of IRS Form 990, and any supporting schedules to those pages; or pages one, three, and four of Form 990C, and any supporting schedules to those pages; or pages one and two of Form 990PF, and any supporting schedules to those pages.

*or statement of financial position if information not contained in tax return.

OTHER INFORMATION

Instructions:

25. If the operator holds in trust personal funds of any resident, regardless of the amount of funds held or the length of time held, a nursing home bond or noncancelable escrow agreement is required, and must be submitted on the approved form. The principal on the bond form must be exactly the same as the operator of the facility shown on page 2 of the application

Submit DA-638 – Nursing Home Surety Bond if the operator is holding or handling personal funds for any resident.

29. The fee is based upon number of beds. Attach a money order, bank draft, or personal check payable to the Department of Health and Senior Services. This fee is nonrefundable unless the facility withdraws the application within ten (10) days of receipt by the division.

Do not submit a fee if the application is being submitted as a result of a change of operator. The fee will be prorated based on the length of the license, and the department will notify the applicant of the amount to submit.

NOTE: Each level of care is licensed separately; therefore, an appropriate fee for each level of care must be submitted.

24. Are there any other buildings, wings, or floors on the premises that are occupied by person not considered by the operator to be residents of this facility?

☐ Yes ☐ No

If yes, then a simple diagram or statement disclosing the location is:

☐ Attached ☐ Previously submitted; no amendment or change

25. Is the operator holding or handling personal funds for any resident(s)? (Facilities having contracts with the Missouri Department of Mental Health for placements are required by Master Agreement to handle personal funds of a resident and should answer "Yes.")

☐ Yes ☐ No

If yes, then the original nursing home surety bond or noncancelable escrow agreement is:

☐ Attached ☐ Previously submitted; no amendment or change

NOTE: The **ORIGINAL** bond or noncancelable escrow agreement must be submitted to, and remain on file, with the department. If a change of operator has occurred, it is also necessary to submit residents funds closeout report.

26. Are there any additional businesses operated on the facility premises?

☐ Yes ☐ No

If yes, it is necessary to submit a list indicating the name and nature of each business and a copy of the written approval by the Department of Health and Senior Services.

27. Is an Alzheimer's special care unit/program a part of this facility?

☐ Yes ☐ No

If yes, then a Form (DA 621 Alzheimer's Special Care Services Disclosure) and a copy of your Alzheimer Program brochure must be submitted with this application.

28. The facility is required to comply with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the education Amendments of 1972, the Age Discrimination Act of 1975, and the Keyes Amendment to the Social Security Act. Attach a completed Form DA 637 (Assurance of Compliance).

29. Each application for license must be accompanied by a licensure fee, as determined below:

☐ \$100 Facility with 3-24 beds

☐ \$300 Facility with 25 – 100 beds

☐ \$600 Facility with more than 100 beds

AFFIDAVIT

I affirm that I as an individual, or that the operating entity for which I sign, have/has adequate financial resources to properly construct, equip, and operate the facility referred to in this application, and hereby authorize the Department of Health and Senior Services to obtain information from third parties verifying this.

I further affirm I am familiar with the requirements of the Omnibus Nursing Home Act as set out in Chapter 198 of the Missouri Revised Statutes and the regulations of the Division of Regulation and Licensure thereunder.

I further affirm that I understand the applicant is eligible for a license only if the facility and the operator are in substantial compliance with the law and the regulations thereunder, and that a license may be revoked at any time that the facility or the operator fail to comply substantially with such law and regulations.

I further affirm under the penalty of perjury, that all documents and information required by the Department of Health and Senior Services to be provided pursuant to this application are true and correct to the best of my knowledge and belief, that the statements contained in this application and any attached information are true and correct to the best of my knowledge and belief, and that all required documents are either included with the application or are currently on file with the Department of Health and Senior Services.

I hereby affirm that I have the express authority to sign this application on behalf of the operator.

MUST BE SIGNED IN THE PRESENCE OF NOTARY	AUTHORIZED SIGNATURE OF APPLICATION (OPERATOR)	DATE
	PRINTED OR TYPED NAME AND TITLE OF SIGNATORY	TELEPHONE NUMBER

NOTARY INFORMATION

NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPE OR PRINTED)			

RETURN COMPLETED APPLICATION TO:

**Department of Health and Senior Services
Section for Long-Term Care Regulation
Fee Receipts
920 Wildwood Drive, P.O. Box 570
Jefferson City, MO 65102-0570**